State of California Department of Insurance

INDEPENDENT INSURANCE ADJUSTER LIST OF EMPLOYEES AND ADJUSTERS NOT LICENSED IN CALIFORNIA

CDI-183, Rev. 1/2023

Producer Licensing Bureau Attn: Adjuster Unit 300 Capitol Mall Sacramento, CA 95814 (916) 492-3085 www.insurance.ca.gov

Pursuant to California Insurance Code Sections 14022(a), 14022.5, 14041, 14050 and Title 10 of the California Code of Regulations Section 2691.12

| I <u>.</u> auth sett | he Insurance Commiss Supervising Licensed Adjuster norize the following Cali lements under my direct | or Insurer Representative ifornia licensed ad ction and under su | on beh justers and rety bond # | alf of Adjusti non-licensed a | ing Firm or Admitted Insurer djusters to negotiate | | | | |
|--|---|--|--------------------------------------|-------------------------------------|---|---|--|--|--|
| Plea | ase check one and att | ach Bond of Insu | irance Adju | ister, <u>LIC-31A</u> | -14 to this form: | | | | |
| | Declared Emergency of | | | | | | | | |
| | Adjuster Firm List of Employees Ins. Code sections 14022(a), 14041, 14050, and 10 Cal. Code. Regs. section 2691.12 state, in part, that every license applicant and independent insurance adjuster licensee shall file a list of the full names of all employees who are authorized to negotiate claim settlements, in writing,* within 30 days from the date the employee is hired, and upon the subsequent termination of employee. | | | | | | | | |
| | olete this section for D | Social Security | Resident | Claims Adjust Employer | ers Not Licensed in Admitted Insurer | n California Date Claims | | | |
| Full Name of Claims Adjusters not licensed in California | | Number (SSN) of Claims Adjusters Not Licensed in California | State of Licensure | Adjuster License Number | name and NAIC Number | Adjusting Commenced (C) or Terminated (T) | | | |
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Complete this section for Adjuster Firm List of Employees not licensed in California

| Full Name of Claims | SSN of | Supervising Adjuster Name | Supervising | Status: | Date Claims |
|------------------------|---------------|---------------------------|---------------|----------|-------------|
| Adjusters not licensed | Claims | , , | Adjuster | Add (A) | Adjusting |
| in California - | Adjusters not | | Individual or | Or `´ | Commenced |
| Employee | licensed in | | Entity | Termina- | /Terminated |
| . , | California- | | License | tion (T) | |
| | Employee | | Number | | |
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Complete this section for California Licensed Adjusters-Employees

| Complete this section for Camornia Licensed Adjusters-Employees | | | | | | | | |
|--|--|---------------------------|---|--|--|--|--|--|
| Full Name of Claims Adjusters Licensed in California – Employee* | License Number for Licensed Adjuster – Employee* | Supervising Adjuster Name | Supervising Adjuster Individual or Entity License Number | Status Add (A) or Termina- tion(T) | Date Claims Adjusting Commenced /Terminated | | | |
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^{*}Provide the name and social security number for an independent insurance adjuster license applicant

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To submit this form, use one of the following:

E-Mail: LICDOCUMENTS@INSURANCE.CA.GOV

FAX: (916) 327-6907

Mail: See address at the top of this form